One-Time Notification

Pub. 100-08	Transmittal: 55	Date: October 31, 2003	Change Request 2938

SUBJECT: Quarterly Update to Correct Coding Initiative (CCI) edits, Version 10.0, Effective January 1, 2004

I. GENERAL INFORMATION

The latest package of Correct Coding Initiative (CCI) edits, Version 10.0, effective January 1, 2004, will be available via the CMS Data Center (CDC). A test file will be available on or about October 31, 2003, and the final file will be available on or about November 14, 2003.

Version 10.0 will include all previous versions and updates from January 1, 1996, to the present and will be organized in two tables: Column 1/ Column 2 Correct Coding Edits.

Attention: The heading "Comprehensive/Component Edits" has been changed to the heading "Column 1/ Column 2 Correct Coding Edits".   The table containing comprehensive/component edits also includes edits which do not involve a comprehensive/component relationship, but are codes that should simply not be reported together for other reasons, for example "misuse of the code", etc. The headings have been changed to more accurately reflect the overall category of the edits within the tables and to eliminate the confusion as the result of using the term(s) "comprehensive/component". *For more detailed information, please refer to Chapter 1 – General Correct Coding Policies - Section A, Pages 1 and 2.*

A. Background: The Centers for Medicare and Medicaid Services (CMS) developed the National Correct Coding Initiative to promote national correct coding methodologies and to control improper coding that leads to inappropriate payment in Part B claims.

B. Policy: The coding policies developed are based on coding conventions defined in the American Medical Association's CPT manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practice and review of current coding practice.

C. Provider Education: Carriers shall inform affected providers by posting either a summary or relevant portions of this document on their Web site within 2 weeks. Also, carriers shall publish this same information in their next regularly scheduled bulletin. If they have a listserv that targets affected providers, they shall use it to notify subscribers that information about CCI is available on their Web site.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
1	The regional office correct coding initiative (ROCCI) representatives should access the files from the CDC in the same manner they download the previous versions. The filenames for the regions are: Test File: MU00.@BF12372.CCIALL.MEEDITS.TEST01.V100 MU00.@BF12372.CCIALL.CMPEDITS.TEST01.V100 Final File: MU00.@BF12372.CCIALL.MEEDITS.FINAL01.V100 MU00.@BF12372.CCIALL.CMPEDITS.FINAL01.V100	
2	The carriers shall use specific job control language in order to access Version 10.0 through the Network Data Mover. The filenames for the carriers are: Test File: MU00.@BF12372.CCINDM.MEEDITS.TEST01.V100 MU00.@BF12372.CCINDM.CMPEDITS.TEST01.V100 Final File: MU00.@BF12372.CCINDM.MEEDITS.FINAL01.V100 MU00.@BF12372.CCINDM.CMPEDITS.FINAL01.V100	Carriers
3	The CCI and MEC files will maintain the file formats contained in the Medicare Carriers Manual (MCM), Part 3, §4630.M. The CCI adds, deletes, and modifier indicator change lists will be forthcoming via electronic mail on or about November 21, 2003.	
4	Carriers should not search their files to either retract payment or to retroactively pay claims.	Carriers
5	Carriers shall adjust claims if they are brought to their attention.	Carriers
6	If carriers foresee any problems with loading the CCI files, they should load the files 2 - 3 days prior to the effective date (including weekends).	Carriers

Due to Current Procedure Terminology copyrights, immediate corrections, if any, will be included in one of the above notifications.

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: n/a

X-Ref Requirement #	Instructions

B. Design Considerations: N\A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N\A

D. Contractor Financial Reporting /Workload Impact: N\A

E. Dependencies: N|A

F. Testing Considerations: N\A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: 1/01/04 **Implementation Date: 1/05/04** **Pre-Implementation Contact(s): Val Allen, (410) 786-7443** **Post-Implementation Contact(s): Val Allen, (410) 786-7443**	**These instructions should be implemented within your current operating budget.**